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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/583,920			ing Date 20/2006	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛			OTHER THAN OR SMALL ENTITY		
_	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	- OK	RATE (\$)	FEE (\$)	
	BASIC FEE	$\neg$	N/A	LD NO	N/A		N/A	TEE (a)	i	N/A	TEE (0)	
┢	(37 CFR 1.16(a), (b), SEARCH FEE	or (c))	N/A		N/A				ł			
౼	(37 CFR 1.16(k), (i), EXAMINATION FE		N/A		N/A		N/A N/A		ł	N/A N/A		
	(37 CFR 1.16(o), (p), FAL CLAIMS		minus 20 =		N/A		x \$ =		OR	x s =		
INE	CFR 1.16(i)) EPENDENT CLAIM	ıs	minus 20 = *			ı	x s =		OK	x s =		
(37	CFR 1.16(h))	If the	If the specification and draw		ne eveged 100	1	^*		ı	- ·		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 :	n size fee due								
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								1			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								1	TOTAL		
APPLICATION AS AMENDED – PART II  (Column 1) (Column 2) (Column 3) SMALL ENTITY									OTHER THAN OR SMALL ENTITY			
ĮN:		CLAIMS	HIGHEST		T .	1			Г	r		
	04/02/2009	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Ĭ	Total (37 CFR 1.18())	• 43	Minus	<b>~</b> 42	= 1	]	X \$26 =	26	OR	x s =		
AMENDMENT	Independent (37 CFR 1.16(h))	• 8	Minus	•••6	= 2	1	X \$110 =	220	OR	x s =		
	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE	246	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(1))		Minus		=	1	x \$ =		OR	x s =		
	Independent (37 CFR 1,16(h))		Minus	***	=	]	x \$ =		OR	x s =		
	Application Size Fee (37 CFR 1.16(s))					1			1			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR			
									OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1.												

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